



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

DIVISION OF INSURANCE

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<http://www.mass.gov/doi>

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SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

DANIEL C. CRANE
DIRECTOR

NONNIE S. BURNES
COMMISSIONER OF INSURANCE

INSURED PREFERRED PROVIDER PLANS IN MASSACHUSETTS

(SUBJECT TO M.G.L. CHAPTER 176I AND 211 CMR 51.00)

CARRIER NAME AND ADDRESS

PLAN FIRST MARKETED

1. Aetna Health Insurance Company¹

151 Farmington Avenue, MB58
Hartford, CT 06156

Attn: Mr. Stephen Halloran

Product and Regulatory Affairs Senior Manager
(860) 273-9875

Product Name:

US Access

Form #:

CHI/MA INSCT-2-A (7/01)

Product Type:

Medical

05/02

2. Aetna Life Insurance Company

151 Farmington Avenue, MB58
Hartford, CT 06156

Attn: Mr. Stephen Halloran

Product and Regulatory Affairs Senior Manager
(860) 273-9875

Product Name:

Open Choice

Form #:

GR-9 (Open)

Product Type:

Medical

10/88

Managed Choice

GR-9 (Managed)

Medical

01/91

Blanket Student Insurance Policy

GR-96134

Medical

11/01

Advantage Plus

MA-DMO

Dental

12/00

Advantage Plus

MA-DMO Copay Plans

Dental

02/04

Dental PPO

MA-Dental PPO

Dental

12/00

Pharmacy Preferred Provider

GR-9

Prescription Drug

11/02

Plan – Massachusetts²

Blanket Student Sports Accident

Insurance Coverage Plan

GR-96487-1 ED. 10-07 et al.

Accident Only

03/08

3. AIG Life Insurance Company

One Alico Plaza
Wilmington, Delaware 19801

Attn: Policy Benefits Department

(800) 221-3480

Product Name:

Certificate of Coverage

Form #:

G-DEN-42002-MA

Product Type:

Dental

07/11/05

¹ Effective January 1, 2008 Corporate Health Insurance Company changed its name to Aetna Health Insurance Company.

² Carrier notified the Division that it currently is not actively marketing the above-noted plan.

PREFERRED PROVIDER PLANS**CARRIER NAME AND ADDRESS****PLAN FIRST
MARKETED****(AIG Life Insurance Company (cont'd))**Group Vision Insurance
Certificate of Coverage

C22439 MA

Vision

07/06/06

4. Altus Dental Insurance Company, Inc.10 Charles Street
Providence, R.I. 02904-2208
(877) 223-0577Attn: Melissa Gennari
Director of Compliance

Product Name:

Form #:

Product Type:

Altus Dental Preferred and Plus AD 1 v. 4 ³

Dental

Product Name:

Form #:

Product Type:

Altus Dental Preferred

AD 3C ⁴

Dental

12/09/02

(AAA Massachusetts or New Hampshire Resident Member Dental Plan)

Altus Dental Value Option Plan 1 AD 5

Dental

01/01/08

5. Ameritas Life Insurance Corp.5900 "O" Street
Lincoln, NE 68510Attn: Ms. Nancy Vanicek
Contract Analyst
(800) 745-6665 x7899

Product Name:

Form #:

Product Type:

Certificate Group Dental ⁵
[and Eye Care] Insurance

9021 ed. 01-05

Dental

06/95

Group Eye Care Insurance

9021 Ed. 01-05

Vision

01/07

6. Blue Cross and Blue Shield of Massachusetts, Inc.(d/b/a Blue Cross Blue Shield Massachusetts)
401 Park Drive, Landmark Center
Boston, MA 02115-3326Attn: New Business Sales Group
(800) 262-BLUE [800 262-2583]

Product Name:

Form #:

Product Type:

Blue Care Elect ⁶

BLUE CARE ELECT (1-1-06 Rev)

Medical

1988

Preferred 100 Option

Preferred 90 Option

Preferred 90 with copay option

Preferred 80 Option

Preferred 80 with copay option

Value Plus Option [\$1,000, \$1,500, \$2,000, \$2,500, 3,000 and \$5,000 deductible]

Enhanced Value Option

Blue Care Elect Saver

Blue Care Elect Saver (alternate option) ⁷³ Form# AD 1 v. 4 replaces Form# AD 1 v. 3. Form# AD 1 v. 3 replaced revised form# AD 1-02 which replaced the originally approved form # 1-05 (8/31/01).⁴ Form# AD 3C replaces Form# AD 3A which replaced the originally approved Form# AD 3A-01.⁵ The original certificate (Form# GR9021 ed. 1-92) was originally approved in June 1995. Carrier replaced the original certificate with Certificate Group Dental [and Eye Care] Insurance (Form# 9021 ed. 01-05).⁶ Form approved on September 28, 2000 and consolidates the following previously approved forms: Blue Care Elect PPO 1 (7-1-98); PPO 90 (7-1-98); PPO 80 (7-1-98) and PPO Pref (7-1-98).⁷ Previously approved plan known as Blue Care Elect Saver 1100.

PREFERRED PROVIDER PLANS**CARRIER NAME AND ADDRESS****PLAN FIRST
MARKETED****(Blue Cross and Blue Shield of Massachusetts, Inc. (cont'd))**

Blue Care Elect Saver 90			
Blue Care Elect 100/80; 90/70; and 80/60 option			
Qualified Student Health Plan Rider (Form# QSHP (7-1-07))			
Dental Blue PPO1	DENT PPO1	Dental	01/94
Dental Blue PPO2	DENT PPO2	Dental	01/94

7. Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

401 Park Drive, Landmark Center	Attn: New Business Sales Group
Boston, MA 02115-3326	(800) 262-BLUE [800 262-2583]

Product Name:	Form #:	Product Type:	
Preferred Blue PPO [Options]	PRF BLUE PPO (1-1-08) and	Medical	01/08
Preferred Blue PPO Deductible	PRF BLUE PPO NGRP (1-1-08)		
Preferred Blue PPO Basic \$2000			
Preferred Blue PPO Saver			

8. The Chesapeake Life Insurance Company

9151 Grapevine Highway	Attn: Kathy Melish
North Richland Hills, TX 76180	(508) 668-1951

Product Name:	Form #:	Product Type:	
Hospital/Surgical Medical ⁸	CH-25528-MA-(3/06)	Medical	11/01

9. Combined Insurance Company of America

5050 Broadway	Attn: Combined Select Programs
Chicago, IL 60640	(732)-945-2300

Product Name:	Form #:	Product Type:	
Blanket Student Accident & Sickness Plan	UH P63003 0604-MA	Medical	01/02
Blanket Student Accident & Sickness Plan	UH P63009 0803-MA	Medical	01/02
Vision Access Plan	VN C63007A/B 0906-MA	Vision	05/02
Preferred Plan	VN C63007CVC 0906-MA	Vision	05/02

10. ConnectiCare of Massachusetts, Inc.

175 Scott Swamp Road	Attn: Ms. Jo Haller
Farmington, Connecticut 06032	(860) 674-8738

Product Name:	Form #:	Product Type:	
Point of Service Open Access Plan	CMI/POS 01 (1/2007)	Medical	09/00
Point of Service Personal Care Plan	CMI/POSPCP 01 (1/2007)	Medical	09/00

⁸ Plan discontinued for new business.

PREFERRED PROVIDER PLANS**PLAN FIRST
MARKETED****CARRIER NAME AND ADDRESS****11. Connecticut General Life Insurance Company**

900 Cottage Grove Road
Hartford, CT 06152

Attn: Sales and Marketing
(860) 226-6000

Product Name:	Form #:	Product Type:	
Point of Service	GM6000 C2, et al.	Medical	06/90
Point of Service Open Access	GM6000 C2, et al.	Medical	03/04
CareLink/Open Access PPO	GM6000 SC19, et al.	Medical	03/07
PPO	GM6000 SC19, et al.	Medical	06/91
Open Access Plus	GM6000, et al.	Medical	07/04
Substance Abuse/ Mental Health PPO	GM6000 C2(SAMH)	Substance Abuse/ Mental Health only	08/92
CIGNA Dental PPO	GM6000 C2 (Dental)	Dental	12/96
Group Vision Certificate with Access Network	VISION 01 - ACCESS	Vision	04/04
Group Vision Certificate with Preferred Network	VISION 01 - PREFERRED	Vision	04/04

12. Dental Service of Massachusetts, Inc.

(d/b/a Delta Dental of Massachusetts)
465 Medford Street
Boston, MA 02129-1454

Attn: Mr. Scott O’Gorman
Vice President
(617) 886-1000

Product Name:	Form #:	Product Type:	
Delta Dental Preferred	DDP-PPA1	Dental	01/92
Delta Care	DDP-PPA2	Dental	02/95
Delta Dental Preferred	DDP-PPA4	Dental	11/04
Delta Dental Premier (National)	DDP-PPA5	Dental	11/07
Delta Dental Premier (Local)	DDP-PPA5	Dental	11/07
Delta Dental Premier (PPO National)	DDP-PPA6	Dental	11/07
Delta Dental Premier (PPO Value)	DDP-PPA6	Dental	11/07

13. Dentegra Insurance Company of New England

100 First Street
San Francisco, CA 94105

Attn: Customer Relations
(866) 261-4275

Product Name:	Form #:	Product Type:	
AARP Dental Insurance Plan	CC-DNNE-MA(DELTUSA1-2007)D	Dental	08/07

14. Fallon Health & Life Assurance Company

10 Chestnut Street
Worcester, MA 01608-2810

Attn: Sales and Marketing
(508) 799-2100 x69986
(800) 333-2535 x69986

Product Name:	Form #:	Product Type:	
Fallon Preferred Care	05-670-155 ⁹	Medical	07/03
Option 1 – Separate in-network and out-of-network deductible			

⁹ Group certificate was originally approved in July 2003. Carrier replaced the original group certificate form with a revised group certificate (Form# 05-670-155).

PREFERRED PROVIDER PLANS**CARRIER NAME AND ADDRESS****PLAN FIRST
MARKETED****(Fallon Health & Life Assurance Company (cont'd))**

Option 2 - Combined In and Out-of-network deductible option

Option 3 - HDHP - Preferred Care Choice

Option 4 - HDHP - Preferred Care Choice

15. Fidelity Security Life Insurance Company

P.O. Box 418131

3130 Broadway

Kansas City, MO 64111

Attn: Ms. Melinda Everley

(800) 648-8624 x527

Product Name:
EyeMed Vision PlanForm #:
C-9059MA (10/06) ¹⁰Product Type:
Vision 12/02**16. First Health Life and Health Insurance Company**3200 Highland Avenue, 7th Floor

Downers Grove, IL 60515

Attn: Deborah Brown

1-800-445-1425 x7648

Product Name:
True Group Medical CertificateForm #:
GC-1100 MA & GC-3100.PPO.MAProduct Type:
Medical 01/07**17. Fort Dearborn Life Insurance Company**1020 31st Street

Downers Grove, IL 60515

Attn: Ms. Sharon A. Mathews

(630) 824-6009

Product Name:
Group Dental InsuranceForm #:
7P-100-1004Product Type:
Dental 10/06**18. Guarantee Trust Life Insurance Company**

c/o Pioneer Management Systems, Inc.

123 Interstate Drive, P.O. Box 9040

West Springfield, Massachusetts 01090

Ms. Susan O'Connor

(413) 539-9900

Product Name:
Blanket Student Policy
Premium Solution HDForm #:
GP-1101 LC ¹¹
Premium Solution HD 1K,
Premium Solution HD 5K,
Premium Solution HD 10KProduct Type:
Medical 06/02
Medical 02/07**19. (The) Guardian Life Insurance Company of America**

7 Hanover Square

New York, New York 10004

Attn: Group Sales

(617) 482-2693

Product Name:
Guardian Medical PPO
DentalGuard Preferred
DentalGuard Preferred
VisionGuardForm #:
GP-1R3-1.0 et al.
CGP-3-DNTL-90-1 et al.
CGP-3-DGY2K-PPOSP-MA
CGP-3-VSN-96-VIS et al.Product Type:
Medical 11/91
Dental 10/94
02/04
Vision 09/00¹⁰ Group certificate originally approved in December 2002. AS of November 24, 2003 form replaced with revised Form# C-9004MA-PPO. As of November 8, 2006 form replaced with revised Form# C-9059MA (10/06).¹¹ Carrier notified the Division that it currently is not actively marketing the above-noted plan.

PREFERRED PROVIDER PLANS**CARRIER NAME AND ADDRESS****PLAN FIRST
MARKETED**

- 20. Harvard Pilgrim Health Care, Inc.** (d/b/a Harvard Community Health Plan)
 93 Worcester Street Attn: Sales Department
 Wellesley, MA 02481 (781) 251-1500 or (800) 848-9995
- | | | | |
|--------------------------------------|-------------------------|---------------|-------|
| Product Name: | Form #: | Product Type: | |
| Premium PPO \$10 copay | MAPPO0701 ¹² | Medical | 06/98 |
| Value PPO 15 \$250 admission | | | |
| Affordable PPO \$20 copay | | | |
| Best Buy PPO 500; PPO 1000; PPO 2000 | | | |
- 21. Health New England, Inc.**
 One Monarch Place Attn: Paula Burke
 Springfield, MA 01144-1006 (413) 787-4000 x3379
- | | | | |
|-------------------------|----------------------------------|---------------------|-------|
| Product Name: | Form #: | Product Type: | |
| HNE Advantage Plus | HNE/POSPLUS-06 | Medical | 08/04 |
| HNE Premier PPO | HNE/PHCS-PPO-06 | Medical | 08/04 |
| HNE PPO Saver | HNE/PHCS-PPOSaver-06 | Medical | 08/04 |
| HNE Wise ^{PPO} | HNE/PHCS-PPOSaver-06 | Medical | 02/06 |
| HNE MedPlus PPO | HNE/PHCS/PPO-07-
Medicare-Grp | Medicare Wraparound | 07/08 |
- 22. HPHC Insurance Company, Inc.**
 93 Worcester Street Attn: Sales Department
 Wellesley, MA 02481-9181 (800) 848-9995
- | | | | |
|---------------------------------------|---|---------------|-------|
| Product Name: | Form #: | Product Type: | |
| The PPO Plan – Massachusetts | MAG1PPOHBREV;
MAG1PPOREVSQB; PPOad0701 | Medical | 12/02 |
| Best Buy HSA PPO | 310 | Medical | 12/04 |
| PPO 1500 (GJ, GM) | | | |
| PPO 2000 (GK, GN) & PPO 3000 (GL, GO) | | | |
| HPHC Qualifying Student | HPHC 06-BR-MA-PPO | Medical | 06/07 |
| Health Insurance Program PPO Plan | | | |
- 23. John Alden Life Insurance Company**
 North Star Marketing Corporation Attn: Mr. John Scanlon
 1900 West Park Drive, Suite 105 (800) 234-6762
 Westborough, MA 01581
- | | | | |
|-------------------------------|-------------------------|-----------------------|-------|
| Product Name: | Form #: | Product Type: | |
| Spectrum PPO - PHCS | J-3000-CC(MA)(PPO) 6/93 | Medical ¹³ | 10/93 |
| Spectrum PPO - Preferred Plus | J-3000-CC(MA)(PPO) 6/93 | Medical ¹³ | 10/93 |
| Spectrum PPO - Pioneer | J-3000-CC(MA)(PPO) 6/93 | Medical ¹³ | 07/98 |
| JAHP PPO/PPO+ | J-3050-CC | Medical ¹³ | 09/98 |
| JAHP PHN | J-3050-CC | Medical ¹³ | 09/98 |
| JAHP Gatekeeper/Gatekeeper+ | J-3050-CC | Medical ¹³ | 09/98 |
| JAHP PPO/PPO+ | J-4000-CC | Medical | 07/01 |

¹² Previously approved plan known as Harvard Pilgrim PPO (Form# MAGPPO1; MAGPPOSB and MAPPO3T2).

¹³ Plans discontinued for new business.

PREFERRED PROVIDER PLANS**CARRIER NAME AND ADDRESS****PLAN FIRST
MARKETED****24. Markel Insurance Company**

4600 Cox Road
Glen Allen, Virginia

Attn: Sales Department
(804) 527-2700

Product Name: Form #:
Student Blanket & Sickness MAHMA500 (08/05)
Policy – Certificate of Insurance

Product Type: 08/02
Medical

25. Massachusetts Vision Service Plan, Inc.

Vision Service Plan
8 Fanueil Hall Marketplace, Suite 300
Boston, MA 02109

Attn: Group Sales
(617)-973-5044

Product Name: Form #:
Group Vision Care Plan REG EOC-7/00

Product Type: 08/00
Vision

26. (The) MEGA Life and Health Insurance Company

9151 Grapevine Highway
North Richland Hills, TX 76180

Attn: Mr. William J. O'Connor
Vice President, Government Relations
(817) 255-5493

Product Name: Form #:
Vision One Plus Program 25213-P
Vision One 25215-P ¹⁴
Network Plan PPO 2 895 CERT-MA-7/01 ¹⁴
Prescription Drug Expense Plan 25604-MA-7/01 ¹⁴
Small Employer Group Legend 25891-C-MA ¹⁴
Prescription Drug Expense Certificate

Product Type: 12/92
Vision
Vision 12/92
Medical 11/01
Prescription Drug 11/01
Prescription Drug 11/01

27. Metropolitan Life Insurance Company

501 U.S. Highway 22 West, Area 01D-304B
Bridgewater, NJ 08807

Attn: Ms. Nina Edwards
Contract Analyst
(908) 253-2515

Product Name: Form #:
MetLife Preferred Dentist Program
Classic G.23000-13EMA1
GCERT2000 den/classic
Value G.23000-13EMA2
GCERT2000 den/value
PDP Copay Plan G.23000-13EMA3
GCERT2000 den/copayrc

Product Type:
Dental 06/98
Dental 08/06
Dental 06/98
Dental 08/06
Dental 02/04
Dental 08/06

¹⁴ Plan discontinued for new business.

PREFERRED PROVIDER PLANS**PLAN FIRST
MARKETED****CARRIER NAME AND ADDRESS****28. Mid-West National Life Insurance Company of Tennessee**

9151 Grapevine Highway
North Richland Hills, TX 76180

Attn: Kathy Melish
(508) 668-1951

Product Name:	Form #:	Product Type:	
Hospital Surgical Plan	MWSG528-4-MA (3/06)	Medical	09/98
w/Preferred Provider Benefits			
Vision Insurance Certificate	MW-25213-MA (3/06)	Vision	11/01

29. National Guardian Life Insurance Company

c/o Superior Vision Services, Inc.
11101 White Rock Road, # 150
Rancho Cordova, CA 95670

Attn: Roger Watson
Regional Vice President of Sales
(770) 642-1240

Product Name:	Form #:	Product Type:	
Superior Vision Plan	NVIGRP 5/07-MA	Vision	01/08

30. National Union Fire Insurance Company of Pittsburgh, Pa.

99 High Street
31st Floor
Boston, MA 02110

Attn: Sales and Marketing
(617) 457-2856

Product Name:	Form #:	Product Type:	
Group Vision PPO Plan	C22439DBG-MA	Vision	08/06
Group Vision PPO Plan	C22439DBG-MA (EyeMed)	Vision	07/07

31. Nationwide Life Insurance Company

c/o Consolidated Health Plans
195 Stafford Street
Springfield, Massachusetts 01104-3503

Ms. Deborah K. Saremi
(800) MED-STOP x127

Product Name:	Form #:	Product Type:	
Student Accident and Sickness Insurance Program	NW PHCS 101 10/26/04	Medical	05/03
Student Accident and Sickness Insurance Program	NW CERT 101 5/19/03	Medical	06/03

32. Peoples Benefit Life Insurance Company

520 Park Avenue
Baltimore, MD 21201

Attn: Gillian I. Wilson
Senior Contract Analyst
(800) 233-4624 x5237

Product Name:	Form #:	Product Type:	
Student Accident and Sickness Insurance Program	NHG-MP-400.MA	Medical	02/04

PREFERRED PROVIDER PLANS**PLAN FIRST
MARKETED****CARRIER NAME AND ADDRESS****33. Principal Life Insurance Company¹⁵**

Principal Financial Group
201 Jones Road, Second Floor
Waltham, MA 02451

Attn: George Katz, Jr.
(781) 893-1845

Product Name:	Form #:	Product Type:	
Dental PPO (Classic & Premier)	GC 700 (PPO)-1	Dental	08/98
	GH 100 A (DPPO) et al.		
Group Voluntary Dental Expense Insurance PPO Plan	GC 2000 (PPO) – 1 et al.	Dental	12/01
Group Dental Expense Insurance PPO Plan	GC 7000	Dental	12/03
Group Dental Expense Insurance Indemnity/PPO Plan	GC 7100	Dental	03/08

34. Reliance Standard Life Insurance Company

2501 Parkway
Philadelphia, PA 19130-2499

Attn: Ms. Nancy Vanicek
Contract Analyst
(800) 745-6665 x7899

Product Name:	Form #:	Product Type:	
Group Dental [and Eye Care]	REL9021 ed. 01-05	Dental	06/95
Group Eye Care Insurance	9021 Ed. 01-05	Vision	01/07

35. Standard Insurance Company

900 SW Fifth Avenue
Portland, Oregon 97204-1235

Attn: Ms. Nancy Vanicek
Contract Analyst
(800) 745-6665 x7899

Product Name:	Form #:	Product Type:	
Group Dental & Eye Care ¹⁷	9021 ed. 01-05	Dental	08/03

36. Sun Life and Health Insurance Company¹⁸

800 Boylston Street
Suite 1450
Boston, MA 02199

Attn: Mr. Mike Joyce
Regional Vice President
(610) 992-1380

Product Name:	Form #:	Product Type:	
Dental PPO	GC-A-1 et al.	Dental	08/90

¹⁵ Carrier notified the Division that the Dental PPO (Classic & Premier) and Group Voluntary Dental Expense Insurance PPO Plan are no longer offered to new business.

¹⁶ The original certificate (Form# REL9021 ed. 1-92) was originally approved in June 1995. Carrier replaced the original certificate with Certificate Group Dental [and Eye Care] Insurance (Form# REL9021 ed. 01-05).

¹⁷ Carrier replaced approved Form# SI 9021 Ed. 01-02 with Form# 9021 ed. 01-05).

¹⁸ Effective December 1, 2007, company changed its name from Genworth Life and Health Insurance Company to Sun Life and Health Insurance Company.

PREFERRED PROVIDER PLANS**CARRIER NAME AND ADDRESS****PLAN FIRST
MARKETED****37. Time Insurance Company¹⁹**

501 West Michigan, P.O. Box 3050
Milwaukee, WI 53201-3050

Attn: Mr. Chris Knorr
Contract Analyst
(414) 299-8088

Product Name:
Group Portfolio

Form #:
20735

Product Type:
Small Group Medical

10/92

38. Trustmark Life Insurance Company

400 Field Drive
Lake Forest, IL 60045

Attn: Todd Cowan
(800) 237-7767

Product Name:
ACEC Comprehensive

Form #:
AXX/C

Product Type:
Medical

11/01

39. Tufts Associated Health Maintenance Organization, Inc.

(d/b/a Tufts Health Plan)
705 Mount Auburn Street
Watertown, MA 02472-1508

Attn: Member Services
(800) 462-0224

Product Name:
Point of Service Option
Preferred Provider Option

Form #:
CC-MAPOS-001 Ed. 1-2008
MA-PPO-001 Ed. 1-2008

Product Type:
Medical
Medical

12/86
01/97

40. Tufts Insurance Company

705 Mount Auburn Street
Watertown, MA 02472-1508

Attn: Member Services
(800) 843-1008
CareLink Inquires – (866) 352-9114

Product Name:

Form #:

Product Type:

CareLink

MA-TICOPPO-002 Ed. 1-2008

Medical

10/07

Advantage PPO

MA-TICOPPO-001 Ed.1-2008²⁰

Medical

01/03

Option 1 – Out of network deductible

Option 2 – Combined in and out-of-network deductible

Option 3 – Separate in and out-of-network deductible

Option 4 – Separate in and out-of-network deductible

Option 5 – Combined in and out-of-network deductible

Option 6 – Navigator Plan – Tier hospital copayment/coinsurance

Option 7 - Community/Tertiary hospital copayment w out-of-network deductible

41. UniCARE Life and Health Insurance Company

Two Constitution Plaza
Second Floor
Charlestown, MA 02129-2093

Attn: Cynthia L Paralta
Dir, Group Sales
(617) 580-2268

Product Name:
Unicare Classic PPO

Form #:
GCR100 et al.

Product Type:
Medical

01/97

¹⁹ Effective September 6, 2005, company changed its name from Fortis Insurance Company to Time Insurance Company.

²⁰ Form approved on October 8, 2003 and replaces originally approved form # MA-TICOPPO-001 Ed.4-2003.

PREFERRED PROVIDER PLANS**CARRIER NAME AND ADDRESS****PLAN FIRST
MARKETED****(UniCARE Life and Health Insurance Company (cont'd))**

Blanket Student Insurance	BCR 100 .1 – MA 10/04	Medical	11/04
Group Travel Insurance – Global Citizen	BCR 105.1-MA 11/04	Medical	07/07
Wellpoint Dental PPO	GCR 130, 3119-31127	Dental	01/97

42. Union Security Insurance Company²¹

P.O. Box 3050
Milwaukee, WI 53201-3050

Attn: Ms. Tina Beauchene, Analyst
(414) 299-6914 (medical inquires)

2323 Grand Boulevard
Kansas City, MO 64108

Attn: Michael R. Miller
Office Managed Dental Care
(816) 474-2763 (dental inquires)

Product Name:	Form #:	Product Type:	
PPO w/ HCVM	C61.100.SIG.ZZ	Medical	06/00
PPO w/ PHCS	C61.100.SIG.ZZ	Medical	06/00
Group Dental Certificate	CG-90 et al.		
Option 1 Dental PPO w/DHA	DENTAL 94 et al.	Dental	10/98
Option 2 Dental PPO w/DHA	DENTAL HB MA et al.	Dental	04/05
Option 3 Dental PPO w/DHA	DENTAL HB-V MA et al.	Dental	04/05

43. United Concordia Insurance Company

Northwoods Crossing Office Park
4401 Deer Path Road
Harrisburg, PA 17110

Attn: Chip Merkel
Group Sales
(717) 260-7000

Product Name:	Form #:	Product Type:	
Concordia Preferred	Form# 9804-B (7/02)	Dental	06/04
	Form# 9804-C (7/02) Preferred		

²¹ Effective September 6, 2005 company changed its name from Fortis Benefits Insurance Company to Union Security Insurance Company.

PREFERRED PROVIDER PLANS

CARRIER NAME AND ADDRESS

**PLAN FIRST
MARKETED**

44. United HealthCare Insurance Company

1 Research Drive
Westborough, MA 01581-5083

Attn: Dennis Markell
(800) 410-3385

or

475 Kilvert Street
Warwick, RI 02886-1392

Attn: Joan Greenwell
(800) 447-1245

Product Name:	Form #:	Product Type:	
Select Plus	SELECTP.I.01.MA	Medical	11/01
Choice Plus	CHOICEP.I.01.MA	Medical	11/01
Options PPO	OPTIONSPPO.I.01.MA	Medical	11/01
OPTIONS PPO 80/80	OPTIONS80/80.I.01.MA	Medical	11/01
Direct Access ²²	CPCEMA497	Medical	09/97
Substance Abuse/ Mental Health PPO	C-CEI et al.	Substance Abuse/ Mental Health only	04/00
Dental Certificate of Coverage	DCE	Dental	07/00
Blanket Student PPO Injury and Sickness Benefits Group Policy	COL-06-MA	Medical	07/07
Group Vision Care	VCOC.INT.06	Vision	05/08

²² Plan discontinued for new business.